

Incident Report Form

\*\*\* CONFIDENTIAL \*\*\*

Incident Report Number: 4132-001  
Log As: Refer to Other Agency

Printed: 07/29/2016  
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Date Reported: 01/14/2004  
Date Submitted: 06/22/2011

Date of Incident: 01/13/2004  
Time of Incident: :

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FACILITY INFORMATION

Facility: Planned Parenthood Leag Ma W Ma Ctr (4132)  
3550 Main Street  
Springfield, MA 01107

ID: 4132  
Type: Clinic Form  
Facility Reported: No

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INCIDENT INFORMATION

Incident/Allegation Type(s): Nursing Services

Type of Harm(s): Quality of Care

Incident/Allegation Type(s) (after DPH review): Nursing Services

Type of Harm(s) (after DPH review): Quality of Care

SRE Category(s): Non-SRE  
SRE Category(s) (after DPH review): \*Non-SRE

Body Part Affected(s): Torso

Patient's Activity: Other

Location: A

Equipment in Use:

Safety Precaution(s):

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INCIDENT NARRATIVE

Complainant's Letter: The Complainant's allegation about the Physicians at the Planned Parenthood League of Massachusetts' regarding their Certificates. This Complainant is also questioning an identified person in Attleboro at the Four Women Clinic. This Complainant wants Licenses pulled. \*Referred and forwarded to the Mass. Board of Registration in Medicine (BORM) for their handling and action. Corrective Measures: N/A

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CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

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FOLLOWUP INFORMATION

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NOTIFICATIONS

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**Family:** Yes

**Police:**

**Physician:** Yes

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Individual in Charge at Facility: Title: Directly Involved?:

REPORTER INFORMATION

Reporter: Title: Unknown/Other

PATIENT INFORMATION

First Name      Last Name      Age      Gender      Admission Date      Ambulatory Status      ADL Status      Cognitive Level      Developmentally Disabled

PATIENT ADDRESS

First Name      Last Name      Address 1      Address 2      City      State      Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name      Last Name      Gender      Title      Hire Date

WITNESS INFORMATION

First Name      Last Name      Title      Directly Involved

END OF REPORT